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105 – Intestinal spirochaetosis III

Diagnosis

Clinical picture, post mortem findings and histopathology often do not provide a definitive diagnosis. To achieve this requires identification of the presence of spirochaetes or, better still, their speciation. This is because there are some apathogenic spirochaete species that can be found in the avian gut.

Ultimately diagnosis depend on isolation and typing of the causative spirochaete or on PCR.

PCRs are available that can test faecal material for various spirochaetes and their use should speed up diagnostic time.

Differential diagnosis

Identified spirochaetes need to be differentiated from campylobacter, arcobacter, helicobacter and spirillum.

When the condition is chronic or involves pasty vents, consideration should be given to nutritional problems such as excess salt or fat or raw soyabean meal. Increased urinary output can also be caused by incorrect amounts of calcium or an electrolyte imbalance in the diet.

Other infectious causes of chronic diarrhoea should also be considered. These include enteric salmonellosis, colibacillosis, coccidiosis and histomoniasis.

For typhlitis in geese, consideration should also be given to group B salmonellas, Clostridia and Histomonas meleagridis.

The caecal lesions seen in early cases of eastern equine encephalitis infection can be confused with those of acute intestinal spirochaetosis.

Control

Poultry farmers should minimise contact with other poultry flocks and separating birds from their faeces helps, for example by using cages. The challenge with many table egg flocks is that they are on multi-age sites with no opportunity of a break when the whole site can be cleaned and sanitised. Obviously these and other control measures in free range flocks are difficult and a move into this type of production favours this disease.

Control centres around segregation and the enforcement of good management/biosecurity practices.

No vaccines are available.

Treatment

Treatment with antibiotics that are active against spirochaetes is worthy of consideration. Varying degrees of success have been obtained by using ronidazole, Lincospectin, tiamulin, erythromycin and oxytetracycline.

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